

Safety Relocator Registration Form

Illinois Commerce Commission
527 East Capitol Avenue, Springfield, Illinois 62701
Phone (217)782-6171 Fax (217)782-9244

Illinois MC#

SEE INSTRUCTIONS ON PAGE 2

1. Business Type: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company
(check one) State of Incorporation : _____ State of Organization: _____

2. Full Legal Name of Applicant:	8. Business Phone:
3. Trade Name (DBA):	9. Business Fax:
4. Business Address (Street and Number):	10. Mailing Address:
5. City: 6. State: 7. Zip Code:	11. City: 12. State: 13. Zip Code:

14. Partners, Corporate Officers or Members/Managers of a Limited Liability Company: *(To be completed by partnerships, corporations and limited liability companies only; attach additional pages if necessary)*
Name: _____ Title: _____

Name: _____ Title: _____

15. U.S. DOT Number, if applicable: _____

16. List all vehicles that will be used to conduct safety relocator operations (attach additional pages, if necessary)

Year	Make	Model	Vehicle Identification #	Registered Owner	License Plate #
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17. ANNUAL REGISTRATION FEE	ALL SAFETY RELOCATOR REGISTRATIONS EXPIRE ANNUALLY ON JULY 31	\$450.00
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18. PER VEHICLE REGISTRATION FEE	
Total number of vehicles as listed in item 16 above: _____ x \$150.00 per vehicle =	

19. TOTAL AMOUNT DUE	
<i>Make checks payable to the Illinois Commerce Commission</i>	

20. Certifying Statement and Signature. I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicants. Signature below authorizes the Illinois Commerce Commission to lower the amount of the check if fees submitted exceed the correct amount. A power of attorney form is required with a processing agent signature.

Authorized Signature: _____ Position/Title: _____ Date: _____

STATE OF ILLINOIS/ILLINOIS COMMERCE COMMISSION
SAFETY RELOCATOR REGISTRATION FORM
GENERAL INSTRUCTIONS

Illinois

- MC # If applicant is filing with the Illinois Commerce Commission for the first time, this box may be left blank as a number will be assigned to you. If a number has previously been assigned, you may include it in this space.
- Item 1. Select the correct business type. Place a check mark on the form in the appropriate box. If a corporation, indicate the state in which the business was incorporated.
- Item 2. Sole Proprietorship: First name, middle initial and last name.
Partnership: The legal name of the partnership exactly as it appears on the partnership's agreement.
Corporation: The corporate name exactly as listed on the corporation's charter or other legal document creating the corporation.
- Limited Liability
Company: The limited liability company name exactly as listed on the Articles of organization
- Item 3. Trade Name, if any. The trade name should be entered exactly as last registered with the state or local governing body which regulates trade or business names in your locality.
- Item 4-7. Address of principal place of business. This address must be the actual physical location of the business. Do not use P.O. box number, permitting agent, re-mailing service or terminal addresses in this space.
- Item 8. Business telephone number.
- Item 9. Business fax number.
- Item 10-13. Mailing Address. This space may be used for post office box or terminal address.
- Item 14. For partnership and corporations: Enter name and title of each partner or corporate officer. Attach Additional pages if necessary. For a limited liability company, enter the name each member if member-managed or the name of the manager if manager-managed.
- Item 15. Enter your U.S. Department of Transportation census number, if applicable.
- Item 16. Enter the information for each vehicle engaged in performing safety tows.
- Item 17. Annual registration fee of \$450.00 required.
- Item 18. Per Vehicle Fee: \$150.00 per vehicle used to perform safety tows (as listed in item 16 above). Multiply number of vehicles by \$150.00.
- Item 19. Total Due: Add Annual Registration Fee and Total Amount of Vehicle Fee. Make check payable to Illinois Commerce Commission/TRF.
- Item 20. Read certifying statement. Sign application; enter your position/title and the date. Power of Attorney is required if an agent signs the application.

PLEASE NOTE- In addition to the application requirement, the following information must also be submitted prior to issuance of the registration:

- Form E (Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance) with Garage keepers. Contact your insurance agent to request the filing. Filings will not be accepted until after the application has been filed.
- Proper registration based upon the business type
 - If a sole proprietorship or partnership operates under an assumed (trade) name, a certificate of publication from the county clerk is required. It is necessary to register business names with the county in which operations are based.
 - If a corporation or limited liability company, registration with the Illinois Secretary of State is required for both domestic (Illinois) and foreign (out of state) companies to engage in intrastate commerce. Contact the Secretary of State's Business Services at (217) 782-7880 to obtain the necessary document(s).
 - If a corporation is operating under an assumed name it, too, must be registered with the Secretary of State.